

**REVOCATION OF POWER OF
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Application Number	09/721,484
Filing Date	11/22/2000
First Named Inventor	Manolis, Eva
Art Unit	3625
Examiner Name	Fadak, Mark
Attorney Docket Number	11087-010003 (SF-010)

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
 Customer Number:

OR

☒ Firm or
 Individual Name

Xin Wen

Address

2800 Bridge Parkway

City

Redwood City

State

CA

Zip

94306

Country

USA

Telephone

650-610-3522

Email


I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature



Name

Doug Appleton, Vice President of Legal, Shutterfly, Inc.

Date

2/27/2007

Telephone

650-610-3555

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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